

**SUBJECT: Scientific Integrity and the Arab Human Development Report 2009**

**TO:** Ms. Amat Al Alim Alsoswa, Director Regional Bureau for Arab States, United Nations Development Programme (UNDP). United Nations Plaza, DC1-22nd Floor, New York, NY, 10017, USA.

**FROM:** Dr Kamal Chaouachi, tobacco researcher (France and Middle East)

**CC:** Mona ElYasir (Beirut); Noeman Al-Sayyad (Cairo); Sausan Ghosheh (New York); Theodore Murphy (New York); **Members of the Directorate:** Adel Abdel Latif, Deputy Regional Director, a.i.; Randa Aboul-Hosn, Senior Policy Adviser; Nicholas Reith, Special Assistant ; Zeina El-Barrage, Office manager/Executive Officer ; Jacqueline Ghazal, Executive Associate to the Regional Director ; Nassima Benzitouni, Personal Assistant to the Deputy Regional Director ; Greet De Leeuw, HR Business Adviser ; Vivienne Urquhart-Charles, HR Assistant ; Claes Hjelmer, HR Associate; **Members of the Regional Programme Division :** Adel Abdellatif, Chief; Dima Al-Khatib, Programme Adviser ; Dania Marzouki, Regional Programme Specialist ; Susanne Kim Siao, Partnership and Resource Mobilization Adviser ; Theodore Murphy, Research Programme Specialist ; Mary Jreidini, Programme Associate ; Alexandra Regner, Programme Consultant ; Madi Musa Mohamed, Programme Associate.

Dear Ms. Al Alim Alsoswa,

I wish to draw your attention to a serious case of scientific misconduct (open publication bias) and unethical behaviour that has left a serious stain in the latest issue of the Arab Human Development Report published by your organisation [1]. This document states (page 154):

*"In addition to cigarettes, many Arab countries suffer from an epidemic of water-pipe smoking. As is well known, smoking contributes in a major way to an increase in mortality rates, the incidence of disease, and dependence on health care services. Consequently, smoking can place an additional economic burden on the family and deplete resources on the social level in general. The negative impact of smoking on development and the economy has become apparent in many developing countries, and the same is expected to happen in Arab countries as well".*

My first question is : what relevant relation is there between narghile (hookah, shisha) smoking and "Human Security in Arab States", sub-title of the UNDP report ? Unless one considers that, because of its growing popularity in the USA, narghile smoking is now considered a threat to US National Security...

Then, I wish to inform you that the WHO report, cited to support the above statement, was prepared by the staff of US funded research centres in the Arab region: namely the US-Syrian Centre for Tobacco Studies (Wasim Maziak, Thomas Eissenberg, Kenneth Ward) and the US-American University of Beirut (Alan Shihadeh)[2]. It appears that Samer Jabbour, who has participated in the elaboration of the UNDP report, is a direct colleague of these individuals, particularly through his membership in an anti-smoking global network called Globalink.

Now, the core of the ethical breach here is that the cited WHO report is flawed and contains a long list of serious scientific errors (in the first two sentences to start with...). This has been clearly established and published in an international well-regarded peer-reviewed international biomedical journal [3]. Furthermore, these facts were subsequently acknowledged, not only by the high access statistics of this critique (30,000 for the journal site only) but, among others, by independent Lebanese researchers [4][5] :

*"Thus, it [""water pipe", i.e. shisha] is now considered by the World Health Organization a global public health threat. However, the WHO report has been criticized, and errors were shown, dealing with the chemistry of smoke, health-related effects, smoking patterns, description and history of the device and its use, gender and underage use aspects, prevention and research needs in this field : the author suggested that many results were drawn in artificially produced and unrealistic conditions in a laboratory, that lead to confusion and overestimation of water-pipe toxicity [4].*

Surprisingly, the WHO report also states, among other groundless and ludicrous statements, that children smoke the narghile with their parents in the whole Arab world [3]. Unfortunately, it is a field of research where there has been a great deal of confusion that only recent publications, by independent researchers from Saudi Arabia, Egypt, Pakistan and Tunisia, have helped clear up to a fair extent [6,

7, 8]. Indeed, from all viewpoints (chemical, behavioural, socio-cultural, economical, etc.), narghile (hookah, shisha) smoking is completely different from cigarette smoking.

The main reason for the world narghile epidemic is that the above research centres have stained the scientific credibility of the WHO and other institutions. Despite the numerous ““waterpipe”” (in one word, please) studies, the world popularity of this form of smoking has not faded away. Most its conscious users have now understood what is actually at stake, particularly through the suspect multi-million dollar funding and the role of the multinational pharmaceutical (nicotine) companies in tacit agreement with the tobacco industry. They have realised that repeated lies, in a scenario very similar to that of the purported existence of mass destruction weapons in Iraq - 1.4 million civilian victims so far [9, 10]-, have been strategically disseminated in the mainstream media [11, 12]. This has been highly detrimental for the image of research in the Arab world and science in general. Indeed, let me ask, after referring to an over-cited paper, based on anecdotes that, however, has served for many years, as the top reference for the authors of the WHO flawed report : does narghile smoking keep Arabs or ““waterpipe”” researchers in Wonderland ? [13, 14]

**CONCLUSION.** Just like democracy, public health interventions and prevention models cannot be imported from abroad [9, 10]. Certainly all these facts have never been brought to your attention. Now, for the sake of scientific integrity, accountability, and respect of your readership, I should be grateful if you carry out one of the following suggested actions:

-publish and advertise a correction in a supplement to the UNDP report;

-publish this piece of correspondence with the above or, separately, on your site.

Although I believe the author of this scientific misconduct, based on blatant publication bias, deserves a strong professional blame, I will leave this issue to your discretion. I only hope that UNDP will not, in the future, rely exclusively on experts of the same antismoking side. There are many independent tobacco researchers –as those cited in this correspondence- who have absolutely no interest, financial or covertly non-financial, either with the Tobacco Industry or the Pharmaceutical industry (nicotine “replacement” tools and therapies: gums, patches, etc.).

I look forward to your decision.

Yours sincerely,

Dr Kamal Chaouachi

Tobacco researcher and consultant, Paris and Middle East.

Paris, 26 September 2009.

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